

PROVIDER COMPLETE

A prior Background Study has been done on this person by Child Care Licensing before?

☐ YES ☐ NO

New Substitute/helper _____

Renewal Substitute/helper _____

AGENCY USE ONLY

Number: _____

Licenser: _____

AUTHORIZATION FOR BACKGROUND STUDY

I hereby authorize the release of information from the BCA, Minnesota Department of Public Safety: Driver and Vehicle Services, Commissioner of Health, County Attorney's Office, County Sheriff's Office, County Corrections Department, County Agencies, local Chiefs of Police, other states, the Courts, or the FBI to the Minnesota Department of Human Services and Scott County Child Care Licensing in connection with the evaluation of my application for Child Care Licensing or continued licensure for child care.

PLEASE SEE BACK OF THIS FORM FOR DESCRIPTION OF INFORMATION REQUIRED AND PURPOSE FOR USE.

CHILD CARE LICENSING UNIT (TEL: 952-445-7751)

Scott County Health and Human Services - CCL

Government Center 300

200 4th Avenue West

Shakopee, MN 55379

Name of Child Care Provider #1: _____

****Child Care Provider #2:** _____

****Child Care Provider #3:** _____

****For Substitutes: List all licensed providers you will be assisting with care.**

Date: _____

Signature of Subject

Parent/Guardian if under 18

This form **must be** completed by applicant and all others age 13 and older living or working in the household.

***** A PHOTOCOPY OF THIS FORM SHALL BE ACCEPTED IN PLACE OF ORIGINAL *****

SUBJECT DATA (Please print information clearly)

Name (Last, First, Full Middle)		Maiden Name	Other Names you may be known by 1. 2.		
Current Street Address		City	State	County	ZIP
Driver's License Number or State I.D. Number	Date of Birth	Social Security Number	Sex	Race	

I have continuously resided at the above address for 5 or more years. _____ Yes _____ No

If no, please list address, city, county and state where you maintained residence during the last five years.

Address	City	County	State	Dates residing at address
1.				
2.				
3.				
4.				
5.				

You may withdraw or cancel a written consent form at any time prior to release of the requested information. In any case, **THIS CONSENT FORM** expires one year after date of signature.

**** THIS SECTION TO BE COMPLETED BY THE AGENCY LISTED ****

_____ We have no information.

_____ Information Attached.

Signature	Title
Date	Agency
Information requested is as follows:	

NOTICE: You are hereby notified that the Bureau of Criminal Apprehension, Minnesota Department of Public Safety: Driver and Vehicle Services, the Commissioner of Health, County Attorneys, County Sheriffs, County Corrections Departments, County agencies, local Chiefs of Police, other states, the courts, or the Federal Bureau of Investigations will, as required by Minnesota Statute 245C.08, subd.2, 3, 4 be required to release the following types of data contained in their investigation results available from local, state and national criminal records repositories, including the Criminal Justice Data Communications Network: criminal conviction data; reports about the maltreatment of adults substantiated under MN Statute section 626.557 and the maltreatment of minors in licensed programs substantiated under MN Statute section 626.556; juvenile court records relating to delinquency proceedings held within either the five years immediately preceding the application of the five years immediately preceding the individual's 18th birthday, whichever time period is longer. You are notified that the individuals required to be listed on this form for release of data includes: (1) the applicant; (2) persons over the age of 13 living in the household where the license program will be provided; (3) employees or contractors of the applicant who will have direct contact with persons served by the program; and (4) volunteers who have direct contact with persons served by the program, if the contact is not directly supervised by the individual listed in (1) or (3) above.

Within 15 working days, the commissioner is to notify the applicant, license holder, or the individual who is the subject of the background study of the results of the study or that more time is needed to complete the study. If you do not receive a notice from us, within 15 working days, of the results of the study, assume that more time is needed to complete the study. When the study is completed, a notice of the results will be sent to the applicant, license holder, or the individual who is the subject of the study.

Each of the individuals falling within categories (1) through (4) listed above must complete a separate NOTICE OF BACKGROUND STUDY form. You are further instructed that each individual is to sign on the line provided above their name and by such signature is acknowledging receipt of this notice and further is acknowledging consent to release the above described types of information by the agencies listed.

Your Privacy Rights: The Minnesota Government Data Practices Act seeks to protect the rights of citizens on whom government agencies maintain information. It protects the privacy of sensitive documents. It also provides the release of information, which the public has the right to know. As an individual falling within categories (1) through (4) listed above, the information that you are asked to provide this agency is affected by this Act.

Statutory authority for licensing day care providers is found in Minnesota Statutes, section 245A., et.seq. Minnesota Rule 9502 specifies the requirements that must be met in order to obtain a family day care license. Failure or refusal to cooperate in the completion of this form or provision of information required constitutes reasonable cause to disqualify a subject, deny a license application, or immediately suspend, suspend, or revoke a license. Failure or refusal of an individual to cooperate with the study is just cause for denying or terminating employment of the individual if the individual's failure or refusal to cooperate could cause the applicant's application to be denied or the license holder's license to be immediately suspended, suspended, or revoked.

The information we collect about you may be shared with employees of this agency or other agencies who may need the information to do their jobs and which statute authorized to be shared. Information may be shared with other agencies of the welfare system. The information may be shared if you move and apply to be licensed by one of these agencies. Information collected about you will be classified either as public data, private data or confidential data under the Act.

NOTICE: You are hereby notified that any information obtained through the Minnesota Department of Public Safety Drivers and Vehicle Services will be protected through the Minnesota Statute § 171.12, subd. 7 and, The Driver Privacy Protection Act.

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

Certification I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

**PROVIDER PLEASE KEEP THIS PAGE
FOR YOUR RECORDS**

****Providers need to pull off this notice and file it in a folder maintained for individuals in your program having a background study processed.**

Name of License Holder _____

Name of Subject of Background Study _____

Date _____

Reminder: *Anyone working, assisting or helping in your program can ONLY work unsupervised, if you:*

1. *Receive a clearance letter (stating that the subject is not disqualified) OR*
2. *Receive a more time needed letter that states specifically that they can be used unsupervised.*